

DISTRICT VEHICLE

DRIVER _____

LICENSE # _____

VEHICLE YR. & MAKE _____

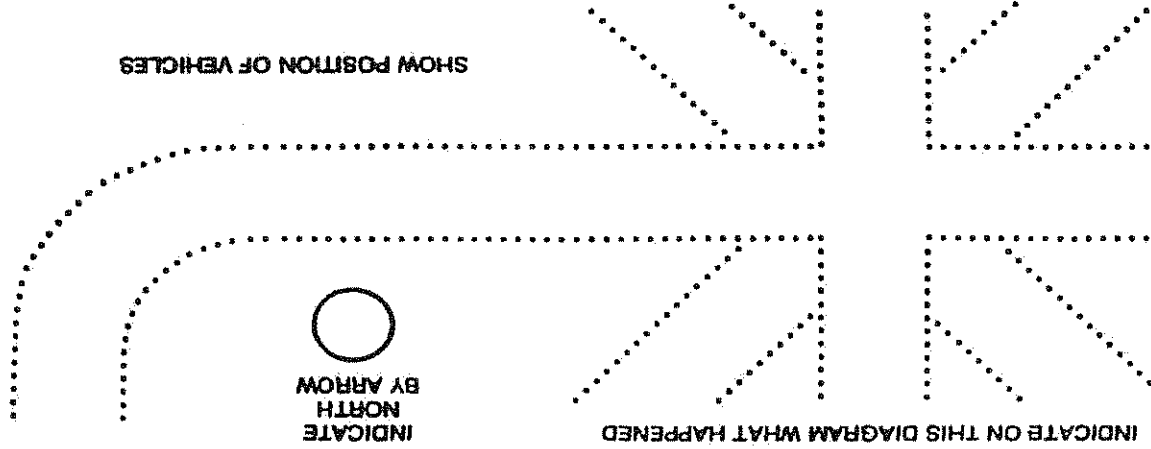
VEHICLE LICENSE # _____

VEHICLE # _____

AREA OF DAMAGE _____

DESCRIBE HOW ACCIDENT OCCURRED

DIAGRAM OR ADDITIONAL NOTES:



Alliance of Schools for Cooperative Insurance Programs
 16550 Bloomfield Avenue
 Cerritos, CA 90703
 (562) 403-4640

ACCIDENT REPORT FORM

Submit To
 CorVel Corp.
 P.O. Box 277550
 Sacramento, CA 95827
 Telephone: (916) 379-5570
 Facsimile: (916) 379-5598

This vehicle is owned/leased by
Loma Prieta Joint Union School District
 a public entity, as defined in Section 811.2 of the Government Code and is permissibly self-insured through the Alliance of Schools for Cooperative Insurance Programs (ASCIP, a Joint Powers Authority, Pursuant to Section 16020(b)(2) and (b)(4) of the California Vehicle Code (CVC), evidence of financial responsibility is established through public agency status and qualification as a self-insurer.

SCHOOL DISTRICT _____
ACCIDENT DATE _____ TIME _____
LOCATION _____
POLICE AGENCY CALLED _____
TIME NOTIFIED _____

OTHER PARTY

NAME _____
ADDRESS _____
HOME PHONE # _____
WORK PHONE # _____
DRIVER'S LIC.# _____
VEHICLE YR. & MAKE _____
LICENSE NUMBER _____
AREA OF DAMAGE _____
PRIOR DAMAGE _____

OTHER PARTY'S
INSURANCE INFORMATION

INSURANCE COMPANY _____
ADDRESS _____
TELEPHONE NUMBER _____

TOTAL # INDIVIDUALS INJURED
INJURED PARTY #1:

NAME _____ AGE _____
ADDRESS _____
HOME PHONE # _____
WORK PHONE # _____
NATURE OF INJURY _____
WHICH VEHICLE: [] DISTRICT [] OTHER

INJURED PARTY #2:

NAME _____ AGE _____
ADDRESS _____
HOME PHONE # _____
WORK PHONE # _____
NATURE OF INJURY _____
WHICH VEHICLE: [] DISTRICT [] OTHER

INJURED PARTY #3:

NAME _____ AGE _____
ADDRESS _____
HOME PHONE # _____
WORK PHONE # _____
NATURE OF INJURY _____
WHICH VEHICLE: [] DISTRICT [] OTHER

*If necessary, list additional injured parties
on reverse side or attach additional sheet*

WITNESS #1:

NAME _____
ADDRESS _____
HOME PHONE # _____
WORK PHONE # _____

WITNESS #2:

NAME _____
ADDRESS _____
HOME PHONE # _____
WORK PHONE # _____

WITNESS #3:

NAME _____
ADDRESS _____
HOME PHONE # _____
WORK PHONE # _____

ADDITIONAL INFORMATION

OFFICER NAME _____
REPORT # _____

*If necessary, list additional witnesses
on reverse side or attach additional sheet*